



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: July 17, 2020

Ms. Sheryl Shevchik
Executive Director
Redstone Presbyterian Senior Care
6 Garden Center Drive
Greensburg, Pennsylvania 15601

RE: Redstone Highlands
4 Garden Center Drive
Greensburg, Pennsylvania
15601 Certificate #:443361

Dear Ms. Shevchik:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on January 13, 2020 and March 6, 2020, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance 443360 dated June 28, 2019 to June 28, 2020, and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being issued based on your acceptable plan to correct the violations as specified on the LIS. This decision is made pursuant to 62 P.S. § 1026 (b)(1) ;(4) and 55 Pa. Code § 20.71(a)(2) ;(3) ;(5) ;(6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from July 17, 2020 to January 17, 2021.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

Ms. Shevchik

2

Shivani Patel, Enforcement Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-214-1304

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

A handwritten signature in black ink that reads "Jamie F. Buchenauer". The signature is written in a cursive style with a large initial "J" and "B".

Jamie Buchenauer
Deputy Secretary
Office of Long-Term Living

Enclosure
License
Licensing Inspection Summary

1/24/2020

Western Region Field Office
Bureau of Human Services Licensing

Violation Report

Facility Information

Name: REDSTONE HIGHLANDS
Address: 4 GARDEN CENTER DRIVE,, GREENSBURG, PA 15601
County: WESTMORELAND Region: WESTERN

License Number: 44336

Administrator

Name: Michelle Hoffman Phone: 7248328400 Email: MIHOFFMAN@REDSTONE.ORG

Legal Entity

Name: REDSTONE PRESBYTERIAN SENIORCARE
Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA, 15601

Certificate(s) of Occupancy

Type: C-2 LP Date: 12/08/1995 Issued By: Dept L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 74 Waking Staff: 56

Inspection

Type: Full BHA Docket #: Notice: Unannounced
Reason: Renewal

Inspection Dates and Department Representative

01/13/2020 - On-Site: Amy Duncan, Scott Klein, Tom Smith

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 61 Residents Served: 47

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 4

Number of Residents Who:

Receive Supplemental Security Income: 0	Are 60 Years of Age or Older: 47
Diagnosed with Mental Illness: 0	Diagnosed with Intellectual Disability: 0
Have Mobility Need: 27	Have Physical Disability: 1

18 - Compliance With Laws

Regulations

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The Care Facility Carbon Monoxide Alarms Standards Act, enacted 6/23/16, requires that carbon monoxide alarms to be installed in close proximity of, but not less than 15 feet from any fossil-fuel burning device or appliance. The home has a gas stove in the kitchen; however, the carbon monoxide detector was located approximately 10 feet from the stove.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached.

See Page 2A of 15

Legal Entity Representative

Signature Michelle Hoffman CPN PCHA

Printed Name and Title Michelle Hoffman CPN PCHA Date 1-24-20

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The above plan of correction is approved as of 1/27/2020

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by LM
(Initials)

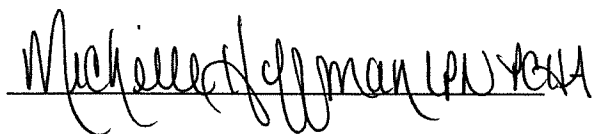
Implemented
 Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

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2600.18 Applicable health and safety laws – A home shall comply with applicable Federal, State, and local laws, ordinances and regulations.

- Immediate Solution: Carbon Monoxide detector has been moved 15 feet away from the stove in the kitchen on 1/20/20 in order to be in compliance with the regulation 2600.18.
- Action Plan: Within 30 days of this plan of correction, random audits will occur on a monthly basis by the maintenance supervisor or designee to ensure continued compliance with regulation 2600.18.



Signature

Michelle Hoffman LPW PCA 1-24-20

Printed Name and Title

Date

42s - Privacy

Regulations

2600.

42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

At 12:02 pm, an agent of the Department observed direct care staff person B measure resident #4's blood sugar level and administer an insulin injection into the resident's abdomen while the resident was seated in a chair at the bottom of the stairway in the public sitting area near the main entrance.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 3A of 15

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman CPW PCNA *2-3-20*
Printed Name and Title Date

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The above plan of correction was approved by *LHM*
(Initials)

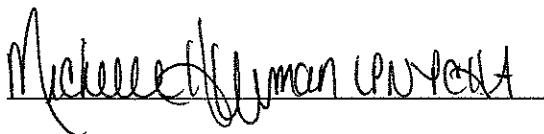
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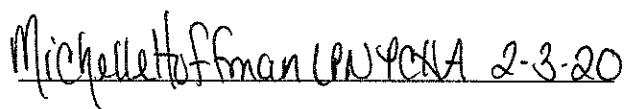
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2600.42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

- Immediate Action: Staff member B was immediately educated on regulation 2600.42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.
- Immediate Action: Assistant Administrator/PCHA or designee completed a random audit of insulin injections to ensure that privacy was provided for the resident and to ensure compliance with regulation 2600.42.s. This audit occurred on February 3, 2020. No other concerns noted.
- Action Plan: Within 30 days of approval of this plan of correction, the Assistant Administrator or designee will provide Resident Rights education to the staff to ensure compliance with regulation 2600.42.s.
- Action Plan: Assistant Administrator/PCHA or designee will complete a random audit of insulin injections monthly for 6 months to ensure that privacy is provided for the resident and to maintain compliance with regulation 2600.42.s.



Signature



Printed Name and Title

Date

65f - Training Topics

Regulations

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.

Description of Violation

Direct care staff person A did not receive training on the following topics during the 2019 training year:

- * Medication self-administration training
- * Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan

Plan of Correction (POC)

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See Attached

See Page 4A of 15

Legal Entity Representative

Signature Michelle Hoffman LPN-RNA

Printed Name and Title Michelle Hoffman LPN-RNA Date 1-24-20

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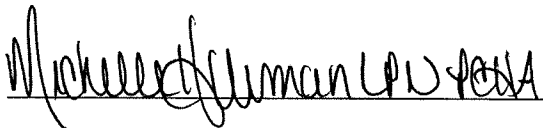
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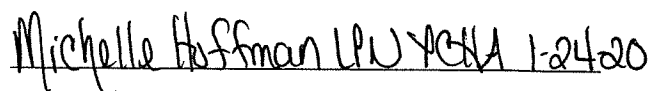
2600.65.f. Training topics for the annual training for direct care staff persons shall include the following:

- 1. Medication self-administration training.**
- 2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.**

- Immediate Action: Staff member A received training on topics Medication self-administration and instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan. Training was provided to staff member A by the Assistant Administrator/PCHA on 01/16/2020. (See Attached)
- Immediate Action: An audit of staff training was completed to ensure compliance with regulation 2600.65.f. No other occurrences were noted. (See Attached)
- Action Plan: Assistant Administrator/PCHA or designee will track staff member trainings monthly to ensure compliance with regulation 2600.65.f. (See Attached)



Signature



Printed Name and Title

Date

85a - Sanitary Conditions

Regulations

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

On 1/9/20 at 11:49 am, resident #5's glucometer was used to test resident #4's blood sugar.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 5A of 15

Legal Entity Representative

Michelle Hoffman LPN PCNA
Signature

Michelle Hoffman LPN PCNA 2-3-20
Printed Name and Title Date

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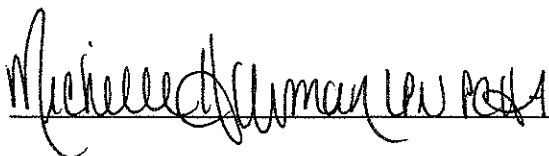
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2600.85.a. Sanitary conditions shall be maintained.

- Immediate Action: The Assistant Administrator/PCHA or designee will ensure that sanitary conditions are maintained throughout the community.
- Immediate Action: Resident #5's glucometer was replaced on February 3, 2020 with a new unit at no cost to the resident. (See Attached)
- Immediate Action: Staff member received education on regulation 2600.85.a., Tips for Safer Use of Blood Glucose Testing and Insulin Administration Equipment and Supplies and the CDC's Infection Prevention during Blood Glucose Monitoring and Insulin Administration. (See Attached)
- Immediate Action: Resident #4's physician was notified on February 3, 2020 with no further orders or recommendations. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will complete a glucometer audit weekly x4 weeks, then monthly to ensure compliance with regulation 2600.85.a. (See Attached)
- Action Plan: Within 30 days of approval of this plan of correction the staff will receive education on regulation 2600.85.a., Tips for Safer Use of Blood Glucose Testing and Insulin Administration Equipment and Supplies and the CDC's Infection Prevention during Blood Glucose Monitoring and Insulin Administration to ensure compliance with regulation 2600.85.a. (See Attached)



Signature

Michelle Hoffman LP/PCA 2-3-20

Printed Name and Title

Date

91 - Telephone Numbers

Regulations

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

There are no emergency telephone numbers, to include the nearest hospital and fire department, on or by the following telephones:

- * Outside of the 3rd floor kitchenette
- * Resident #5's bedroom

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 6A of 15

Legal Entity Representative

Michelle Hoffman CPA
Signature

Michelle Hoffman CPA 1-24-20
Printed Name and Title Date

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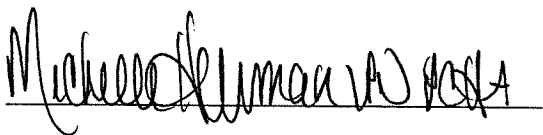
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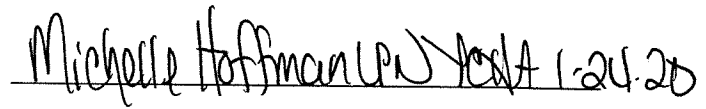
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2600.91 Emergency Telephone Numbers – Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

- Immediate Action: The Assistant Administrator/PCHA or designee will ensure telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.
- Immediate Action: Emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline were posted by the following telephones:
 1. Outside the third floor kitchenette.
 2. Resident #5's bedroom.
- Immediate Action: The Assistant Administrator or designee completed an audit of telephones in the community to ensure compliance with regulation 2600.91. No other concerns noted. (See Attached)
- Action Plan: The Assistant Administrator or designee will complete a random monthly audit of telephones in the community to ensure compliance with regulation 2600.91. (See Attached)



Signature



Printed Name and Title

Date

1-24-20

96a - First Aid Kit

Regulations

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the ground floor medication room does not include scissors, tweezers or a breathing shield.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 7A of 15

Legal Entity Representative

Signature *Michelle Hoffman LPW/MSA*

Printed Name and Title *Michelle Hoffman LPW/MSA* Date *1-24-20*

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(Date)

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(Date)

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(Initials)

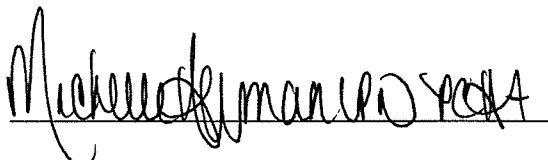
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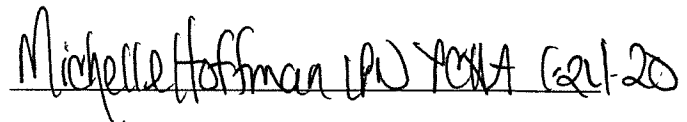
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2600.96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

- Immediate Action: The Assistant Administrator/PCHA will ensure that the home has a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers to ensure compliance with regulation 2600.96.a.
- Immediate Action: Scissors, tweezers and a breathing shield were placed in the ground floor medication room first aid kit on 01/13/2020. (See Attached)
- Immediate Action: An audit of the first aid kit in the Courtyard medication room was completed to ensure compliance with regulation 2600.96.a. on 1/13/2020. No other concerns noted. (See Attached)
- Action Plan: Within 30 days of approval of this plan of correction the Assistant Administrator/PCHA or designee will provide staff education on regulation 2600.96.a. regarding first aid kits. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will complete a first aid kit audit weekly x4 weeks, then monthly to ensure compliance with regulation 2600.96.a. (See Attached)



Signature



Printed Name and Title

Date

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3's lamp is located approximately 6 feet from the head of his bed and cannot be turned on/off at bedside.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 8A of 15

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman
Printed Name and Title

1-24-20
Date

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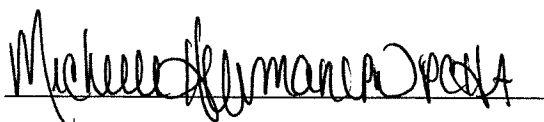
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2600.101.j. Each resident shall have the following in the bedroom:

1. An operable lamp or other source of lighting that can be turned on at bedside.

- Immediate Action: The Assistant Administrator/PCHA or designee will ensure each resident has the following in the bedroom:
 - 7. An operable lamp or other source of lighting that can be turned on at bedside.
- Immediate Action: Resident #4's lamp was positioned near the head of the bed to provide a source of lighting that can be turned on at bedside and ensure compliance with regulation 2600.96.j.
- Immediate Action: The Assistant Administrator or designee completed an audit of resident lamps in the community to ensure compliance with regulation 2600.96.j. on 01/14/2020. No other concerns noted. (See Attached)
- Action Plan: The Assistant Administrator or designee will complete a random monthly audit of resident lamps in the community to ensure compliance with regulation 2600.96.j. (See Attached)



Signature

Michelle Hoffman LPW PCHA 1-24-20

Printed Name and Title

Date

103i - Outdated Food

Regulations

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

The following foods were stored in the upright freezer in the small kitchen:

- * (2) 5 lb. packages of meat-unlabeled, undated
- * A 3 lb. bag of potato wedges-unsealed, undated

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 9A of 15

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman
Printed Name and Title
1-21-20
Date

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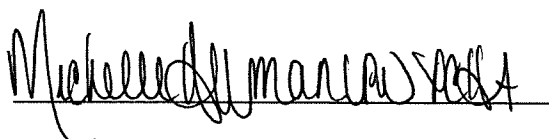
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2600.103.i. Outdated or spoiled food or dented cans may not be used.

- Immediate Action: Unsealed, unlabeled and undated items in the upright freezer in the small kitchen were immediately removed.
- Immediate Action: An audit was completed on stored food to verify correct labeling and dating was in place to maintain compliance with regulation 2600.103.i. No other concerns noted.
- Action Plan: The Assistant Administrator/PCHA or designee will ensure that outdated or spoiled food or dented cans are not used.
- Action Plan: The Assistant Administrator/PCHA or designee will complete an audit on stored food to verify correct labeling and dating is place weekly x4 weeks then monthly to ensure compliance with regulation 2600.103.i. (See Attached)
- Action Plan: Within 30 days of approval of this plan of correction, staff will receive training on regulation 2600.103.i. by the Assistant Administrator or designee to ensure maintained compliance with regulation 2600.103.i. (See Attached)



Signature

Michelle Hoffman UN POST 1-24-20

Printed Name and Title

Date

132c - Fire Drill Records

Regulations

2600.

132.c. A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

Description of Violation

The fire drill records for the following drills indicate "past fire doors" and do not specify the exit route(s) used:

*9/20/19 at 1:43 pm

*10/16/19 at 12:47 pm

*11/29/19 at 9:07 am

*12/31/19 at 3:42 pm

The fire drill record for the drill conducted on 12/31/19 at 3:42 pm does not indicate the number of residents in the home at the time of the drill and if any problems were encountered.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman
Printed Name and Title

1-24-20
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 1/27/2020
(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by [Signature]
(Initials)

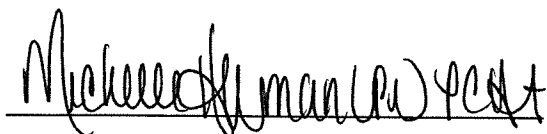
Implemented
 Not Implemented

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

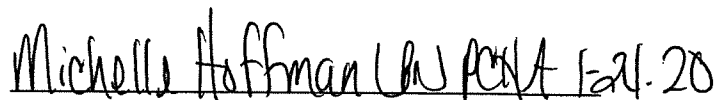
By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

2600.132.c. A written fire drill record must include the date, time, the amount of time it took to evacuate, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

- Immediate Action: Maintenance staff received re-training on 1/20/20 regarding the use of more specific wording when indicating routes/locations used during fire drills. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will ensure that the written fire drill record includes the date, time, the amount of time it took to evacuate, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, the problems encountered and whether the fire alarm or smoke detector was operative.
- Action Plan: The fire drill record will be reviewed, in its entirety, by the Assistant Administrator/PCHA or designee following the conclusion of each drill in order to ensure accuracy and compliance with regulation 2600.132.c.

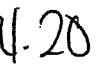


Signature



Printed Name and Title

Date



132d - Evacuation

Regulations

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

During the fire drill conducted on 12/31/19 at 3:42 pm, not all residents evacuated to a fire-safe area or designated meeting place away from the building. The home's census records indicate there were 46 residents in the home at the time of the drill; however, the fire drill record indicates 1 resident was evacuated.

REPEAT VIOLATION: 11/28/2018

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 11A of 15

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman
Printed Name and Title
1-24-20
Date

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(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by *LJM*
(Initials)

Implemented
 Not Implemented

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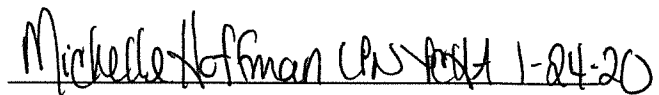
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2600.132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

- Immediate Action: Maintenance staff received re-training on 1/20/20 regarding correct completion of the fire drill record specific to the number of residents evacuated during the fire drill and the current census at the time of the fire drill. (See Attached)
- Immediate Action: The Assistant Administrator/PCHA or designee and Maintenance Supervisor will review the Personal Care census for accuracy following the conclusion of each fire drill.
- The Assistant Administrator/PCHA or designee will ensure that residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire-safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.
- Action Plan: The fire drill record will also be reviewed, in its entirety, by the Assistant Administrator/PCHA or designee following the conclusion of each drill in order to ensure accuracy and maintain compliance with regulation 2600.132.d.



Signature



Printed Name and Title

Date

141a 1-10 Medical Evaluation Information

Regulations

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #1's initial medical evaluation, dated 2/26/19, is blank under the body positioning and movement section. Resident #3's initial medical evaluation, dated 5/16/19, does not include the resident's height. This section of the form is blank.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Pages 12A and 12B of 15

Legal Entity Representative

Signature: *Michelle Hoffman*

Printed Name and Title: Michelle Hoffman LPN PCHA Date: 2-3-20

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The above plan of correction is approved as of 2/3/2020 (Date)

Plan of correction implementation status as of 3/12/2020 (Date)

The above plan of correction was approved by *LH* (Initials)

Implemented Not Implemented

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2600.141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified practitioner documented on a form specified by the department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:

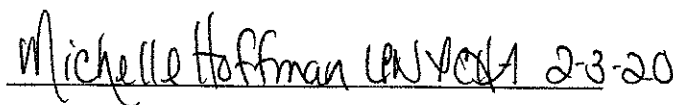
- 1. A general physical examination by a physician, physician's assistant or nurse practitioner.**
- 2. Medical diagnosis including physical or mental disabilities of the resident, if any.**
- 3. Medical information pertinent to diagnosis and treatment in case of an emergency.**
- 4. Special health or dietary needs of the resident.**
- 5. Allergies.**
- 6. Immunization history.**
- 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.**
- 8. Body positioning and movement stimulation for residents, if appropriate.**
- 9. Health status.**
- 10. Mobility assessment, updated annually or at the department's request.**

- Immediate Action: Resident #1's physician was contacted to correct the medical evaluation dated 2/26/19 under the body positioning and movement section. Physician immediately corrected and returned the medical evaluation to the community and the document was place on the resident's chart. (See Attached)
- Immediate Action: Resident #3's physician was contacted to correct the medical evaluation dated 5/16/19 to include the resident's height. Physician immediately corrected and returned the medical evaluation to the community and the document was place on the resident's chart. (See Attached)

- Action Plan: The Assistant Administrator/PCHA or designee completed an audit of the medical evaluations for the residents in the home for accuracy and compliance with regulation 2600.141.a. (See Attached)
- Action Plan: The Assistant Administrator/PCHA or designee will complete a random monthly audit of the medical evaluation to ensure accuracy and compliance with regulation 2600.141.a.
- Action Plan: Within 30 days of approval of this plan of correction, staff will receive training on regulation 2600141.a. 1-10 Medical Evaluation Information to include instruction on verification upon receipt of the medical evaluation that it is complete in its entirety and steps required to make corrections. This training will also designate responsible staff for the verification and correction of the medical evaluation. (See Attached)



Signature



Printed Name and Title

Date

161d - Dietary Needs

Regulations

2600.

161.d. A resident's special dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietitian shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Description of Violation

According to the National Dysphagia Diet, a mechanical soft diet includes "foods that are moist, soft-textured, and easily formed into a bolus. Meats are ground or are minced no larger than 1/4-inch pieces." On 3/5/19, resident #1 was prescribed a mechanical soft diet with ground, moistened meats. However, on 1/13/20 at approximately 12:00 pm, the resident was provided a large, dry slice of pork roast. Kitchen staff members indicated they were unaware the resident was prescribed a special diet. Also, the resident's diet was not posted in the kitchen where special diets are kept.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 13A of 15

Legal Entity Representative

Signature Michelle Hoffman LPN PCHA

Printed Name and Title Michelle Hoffman LPN PCHA Date 1-24-20

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The above plan of correction is approved as of 1/27/2020
(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by LM
(Initials)

Implemented
 Not Implemented

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2600.161.d. A resident's specialty dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietician shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Immediate Action: The Assistant Administrator/PCHA verified resident's current diet order and notified the kitchen staff and the Director of Dining Services.

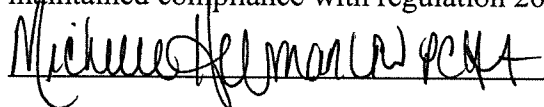
Immediate Action: The Assistant Administrator/PCHA or designee reported occurrence to the resident's physician and requested orders for speech therapy consult. (See Attached)

Immediate Action: The Assistant Administrator/PCHA provided a report of resident diet orders in the home to the kitchen staff and Director of Dining Services. (See Attached)

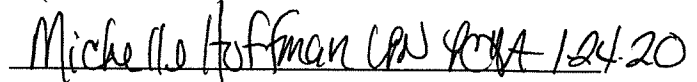
Action Plan: The Assistant Administrator/PCHA or designee will ensure that a resident's specialty dietary needs as prescribed by a physician, physician's assistant, certified registered nurse practitioner or dietician shall be met. Documentation of the resident's special dietary needs shall be kept in the resident's record.

Action Plan: The Assistant Administrator/PCHA or designee will provide a resident diet report to the Director of Dining Services weekly x4 weeks then monthly to ensure accuracy of resident diet orders and compliance with regulation 2600.161.d.

Action Plan: Within 30 days of approval of this plan of correction, the staff will receive re-training on the Dietary and Nursing Communications for Diet Changes policy to ensure maintained compliance with regulation 2600.161.d. (See Attached)



Signature



Printed Name and Title

Date

252 - Record Content

Regulations

2600.

252. Content of Resident Records - Each resident's record must include the following information:

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photo in resident #2's record is dated 6/27/17.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 15A of 15

Legal Entity Representative

Michelle Hoffman CPA
Signature

Michelle Hoffman CPA
Printed Name and Title

1-24-20
Date

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(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by LM
(Initials)

Implemented
 Not Implemented

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2600.252 Content of Resident Records – Each resident's record must include the following information:

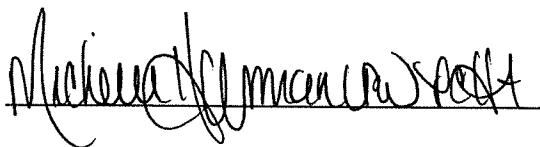
3. A photograph of the resident that is no more than 2 years old.

Immediate Action: A new photo was obtained of resident #2 and placed in the record.

Immediate Action: An audit was completed of resident photos on 01/14/2020 to ensure compliance with regulation 2600.252. No other concerns noted. (See Attached)

Action Plan: The Assistant Administrator/PCHA or designee will ensure that each resident's record includes a photograph of the resident that is no more than 2 years old.

Action Plan: The Assistant Administrator/PCHA or designee will obtain new photos of the residents in the home every 2 years to maintain compliance with regulation 2600.252.



Signature

Michelle Hoffman LRS PCHA 1-24-20

Printed Name and Title

Date

Violation Report

Facility Information

Name: REDSTONE HIGHLANDS

License Number: 44336

Address: 4 GARDEN CENTER DRIVE,, GREENSBURG, PA 15601

County: WESTMORELAND

Region: WESTERN

Administrator

Name: Michelle Hoffman

Phone: 7248328400

Email: MIHOFFMAN@REDSTONE.ORG

Legal Entity

Name: REDSTONE PRESBYTERIAN SENIORCARE

Address: 6 GARDEN CENTER DRIVE, GREENSBURG, PA, 15601

Certificate(s) of Occupancy

Type: C-2 LP

Date:

Issued By:

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 64

Waking Staff: 48

Inspection

Type: Partial

BHA Docket #:

Notice: Unannounced

Reason: Monitoring

Inspection Dates and Department Representative

03/06/2020 - On-Site: Amy Duncan, Scott Klein

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 61

Residents Served: 44

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 3

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 44

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 7

85a - Sanitary Conditions

Regulations

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 2/13/20 at 10:42 am, resident #1's glucometer was used to test resident #2's blood sugar.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Pages 2A and 2B of 7

Legal Entity Representative

Signature *Michelle Hoffman*

Printed Name and Title *Michelle Hoffman PCHH*

Date *3/12/20*

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The above plan of correction is approved as of 3/12/2020
(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by *JM*
(Initials)

Implemented
 Not Implemented


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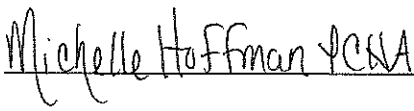
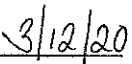
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2600.85.a. Sanitary conditions shall be maintained.

- **Immediate Action**: The Assistant Administrator/PCHA or designee will ensure that sanitary conditions are maintained throughout the community.
- **Immediate Action**: Resident #2's physician was notified on 03/09/2020 that her blood sugar was checked with another resident's unused glucometer on 02/13/2020 at 10:42AM. No new orders received. (See attached physician communication worksheet signed by resident's physician.)
- **Immediate Action**: Resident #1's glucometer was replaced on March 9, 2020 with a new unit at no cost to the resident. Resident #2 was ordered a second glucometer to take with her on LOA at no cost to the resident. (See attached email request for a new glucometer for resident #1 and for a second glucometer for resident #2 to take on LOAs, confirmation of receipt of both glucometers, photos of both glucometers labeled with the resident's name and date and time set, and photos of Resident #2's glucometer LOA kit.)
- **Immediate Action**: All medication carts were labeled with a notice to all nurses regarding glucometer use and regulation 2600.85.a. (See attached copy of notice and photos of each medication cart with the notice in place.)
- **Immediate Action**: The Director of scheduling was notified that all agency nurses must be scheduled to meet with the Assistant Administrator/PCHA or designee prior to their shift for education on regulation 2600.85.a., Tips for Safer Use of Blood Glucose Testing and Insulin Administration Equipment and Supplies and the CDC's Infection Prevention during Blood Glucose Monitoring and Insulin Administration. The agency nurse is not scheduled to return to the community at this time and must receive the required education prior to her return. (See attached email notification and confirmation form the Director of Scheduling, and the education that will be provided to all agency nurses prior to their shift.)
- **Action Plan**: The Assistant Administrator/PCHA or designee will complete a glucometer audit 3 times a week x4 weeks, then weekly x 4 weeks, then monthly to ensure

compliance with regulation 2600.85.a. (See attached updated glucometer audit tool, first completed audit dated 03/10/2020, photos of glucometer readings for Resident #1 with MAR for confirmation and photo of Resident #2's unused glucometer blank memory screen)


Signature

 
Printed Name and Title Date

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

- 7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

Resident #3's lamp is located approximately 3 feet from the head of his bed and cannot be turned on/off at bedside.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Page 3A of 7

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman PCNA 3-12-20
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by *JM*
(Initials)

Implemented
 Not Implemented

187a - Medication Record

Regulations

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #5 is prescribed Novolog Flexpen-Inject subcutaneously 4 times a day before meals and at bedtime per sliding scale; however, the resident's February 2020 medication administration record (MAR) and March 2020 MAR do not include the resident's blood sugar readings, as well as the number of units of insulin that were administered, if any, on the following dates and times:

<u>Date</u>	<u>Time</u>	<u>Glucometer reading</u>
*2/9/20	10:22 pm	248
*2/16/20	9:16 pm	130
*3/2/20	9:19 pm	163

REPEAT VIOLATION: 11/28/2018

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

Plan of Correction (POC) (continued)

See Pages 5A and 5B of 7

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman PCHA 3-12-20
Printed Name and Title Date

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(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by MM
(Initials)

- Implemented
- Not Implemented

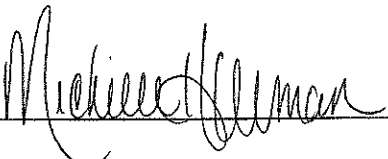
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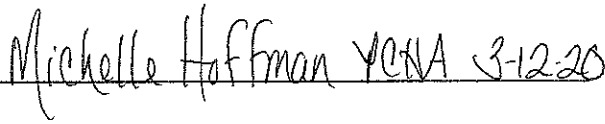
2600.187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
 2. Drug allergies.
 3. Name of medication.
 4. Strength.
 5. Dosage form.
 6. Dose.
 7. Route of administration.
 8. Frequency of administration.
 9. Administration times.
 10. Duration of therapy.
 11. Special precautions, if applicable.
 12. Diagnosis or purpose for the medications, including pro re nata (PRN).
- **Immediate Action:** Education regarding Color Coding and Symbols in the eMAR, Documenting Scheduled Orders in the eMAR, Regulation 2600.187.a. Medication Records, and Regulation 2600.187.b. The information in 2600.187(a)(13) and 2600.187(a)(14) shall be recorded at the time the medication is administered was provided to the nurses on 03/10/2020. (See attached education and record of training.)
 - **Immediate Action:** On 03/11/2020, written counseling was provided to the nurse scheduled on 02/09/2020 at 10:22pm, 02/16/2020 at 9:16pm and 03/02/2020 at 9:19pm. (See attached counseling form.)
 - **Action Plan:** Assistant Administrator/PCHA or designee will pull the Medication Administration Audit Report from PointClickCare to ensure documentation of

medications daily x2 weeks, then three times a week x4 weeks, then weekly and maintain report to ensure compliance with regulation 2600.187.a.



Signature



Printed Name and Title


Date

187b - Date/Time of Medication Admin.

Regulations

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #5 is prescribed Novolog Flexpen-Inject subcutaneously 4 times a day before meals and at bedtime per sliding scale; however, the resident's February 2020 MAR and March 2020 MAR do not include the initials of the staff person who tested the resident's blood sugars and would have administered insulin in accordance with the prescribed sliding scale on the following dates and times:

Date	Time	Glucometer reading
*2/9/20	10:22 pm	248
*2/16/20	9:16 pm	130
*3/2/20	9:19 pm	163

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 6A of 7

Legal Entity Representative

Signature

Printed Name and Title

Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/2020 (Date) Plan of correction implementation status as of 3/12/2020 (Date)

The above plan of correction was approved by *LM* (Initials) Implemented Not Implemented

03/06/2020 *Michelle Hoffman* Michelle Hoffman PCNA 3/12/20 6 of 7

This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

2600.187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

- **Immediate Action:** Education regarding Color Coding and Symbols in the eMAR, Documenting Scheduled Orders in the eMAR, Regulation 2600.187.a. Medication Records, and Regulation 2600.187.b. The information in 2600.187(a)(13) and 2600.187(a)(14) shall be recorded at the time the medication is administered was provided to the nurses on 03/10/2020. (See attached education and record of training.)
- **Immediate Action:** On 03/11/2020, written counseling was provided to the nurse scheduled on 02/09/2020 at 10:22pm, 02/16/2020 at 9:16pm and 03/02/2020 at 9:19pm. (See attached counseling form.)
- **Action Plan:** Assistant Administrator/PCHA or designee will pull the Medication Administration Audit Report from PointClickCare to ensure documentation of medications daily x2 weeks, then three times a week x4 weeks, then weekly and maintain report to ensure compliance with regulation 2600.187.b.

Signature

Printed Name and Title

Date

Michelle Hoffman

Michelle Hoffman PCHA 3/12/20

252 - Record Content

Regulations

2600.

- 252. Content of Resident Records - Each resident's record must include the following information:
 - 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

The photo in resident #4's record is dated 1/10/17.

Plan of Correction (POC)

(Attach pages as necessary. Remember that you must sign and date any attached pages. Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.)

See Attached

See Page 7A of 7

Legal Entity Representative

Michelle Hoffman
Signature

Michelle Hoffman PCNA 3-12-20
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 3/12/2020
(Date)

Plan of correction implementation status as of 3/12/2020
(Date)

The above plan of correction was approved by *ZM*
(Initials)

Implemented
 Not Implemented

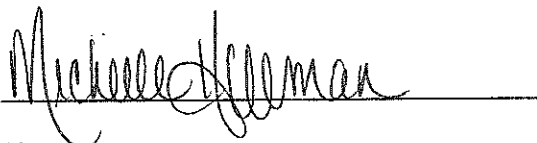
This plan of correction is prepared and executed because it is required by the provisions of the state and federal regulations and not because Redstone Highlands agrees with the allegations and citations listed on the statement of deficiencies. Redstone Highlands maintains that the alleged deficiencies do not, individually and collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Redstone Highland's written credible allegation of compliance.

By submitting this plan of correction, Redstone Highlands does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Redstone Highlands reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.

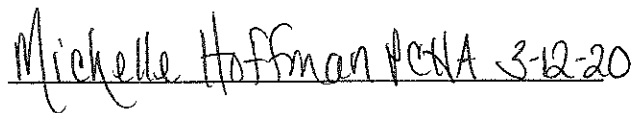
2600.252 Content of Resident Records – Each resident's record must include the following information:

3. A photograph of the resident that is no more than 2 years old.

- **Immediate Action:** A new photo was obtained of resident #4 and placed in the record.
- **Immediate Action:** New photographs were obtained of current residents and placed in the record. (See attached copies of Resident face sheets for current residents).
- **Action Plan:** The Assistant Administrator/PCHA or designee will obtain new photos of the residents in the home upon admission and at least every 2 years to maintain compliance with regulation 2600.252.
- **Action Plan:** A photo audit will be completed on new admissions monthly to ensure compliance with regulation 2600.252. (See attached audit form)



Signature



Printed Name and Title

Date